

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael R. Barlow M.D.

Mailing Address 3504 Cold Harbor Ln

City

Mountain Brk

State

AL

Zip Code

35223-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services of Birmingham

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 29 / 2015

Transaction ID : C3107293

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Laurie A. Barone M.D.

Mailing Address 1000 Johnson Ferry Rd

City

Atlanta

State

GA

Zip Code

30342-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2015

Transaction ID : C3105848

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kristen P. Barrie M.D.

Mailing Address 1007 Edison Park Court

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Florida Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

433.36

Date of Receipt

09 / 11 / 2015

Transaction ID : C3090470

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

1541.67

TOTAL This Period (last page this line number only)..... ►